



Vermont Department of Education  
Office of Licensing and Professional  
Standards  
120 State Street  
Montpelier, VT 05620-2501  
(802) 828-2445

## *Name/Address Change Form*

<b>Fax To:</b> <i>Licensing Office</i>	<b>From:</b>
<i>Vermont Department of Education</i>	
<b>Fax Number:</b> (802) 828-5107	
<b>Date:</b> _____	
<b>Re:</b> <i>Name/Address Change</i>	

PRINT CLEARLY OR TYPE YOUR REQUEST, ESPECIALLY IF YOUR FORM WILL BE FAXED.

ILLEGIBLE CHANGE FORMS WILL NOT BE PROCESSED.

**First Name on file:** \_\_\_\_\_ **Last Name on file:** \_\_\_\_\_

**Social Security #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(USE ONLY THE LAST 4 DIGITS IF E-MAILING)

**Any previous name(s) under which you may have been licensed in the past** \_\_\_\_\_

\_\_\_\_\_

I authorize the Licensing Office to make the following changes in my permanent file.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

☐ Change my name to: \_\_\_\_\_  
First MI Last Name

☐ Change my address to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-mail address:**

[licensinginfo@education.state.vt.us](mailto:licensinginfo@education.state.vt.us)

**Fax:**

802-828-5107

**Mailing Address:**

Licensing Office  
Vermont Department of Education  
120 State Street  
Montpelier, VT 05620-2501